

1. Name of Project Applicant(s) (Project Leader(s) only): _____

2. Title of Project Application: _____

3. Address of Project Applicant(s):

A. University: _____

B. Institute: _____

C. Division: _____

D. Group: _____

E. Telephone: _____

F. E-mail: _____

4. Project Questionnaire/Description

A. This project is (check all that apply)

- a pilot study
- a part of a larger, on-going study (technique and/or science)
- a small imaging project to finish a study
- a request for better images for publication submission
- a long-term request for instrumentation use
- a request for better images for publication revision
- a major, independent imaging study
- a major, collaborative imaging study

B. This project has the following collaborators (both on-going and planned, please specify): _____

C. This project:

- is towards a new grant (re-newal) application
- is currently funded by the following grants:

(please be prepared to provide documentation)

- has manuscripts
 - in progress (and needs imaging ___)
 - under review
 - under revision (and needs imaging ___)
 - in print (include applicable publication list)

4. Project Questionnaire/Description

D. Please write a short description of your project: (not to exceed 1 page)

5. Instrumentation and Sample: Description and Requests

A. Briefly explain what samples you would like to observe (specimen, contrast agent, or fluorophore): _____

B. Briefly explain your goals: _____

C. Suggest which microscopes or microscopic techniques you envision are needed to accomplish your goals: _____

(Please also include any extra items that are additionally required on the microscope or for sample preparation to achieve goals.)

6. Available Resources from Applicant(s)

A. Personnel: Please state which personnel from your group/institute will be available to assist with the project:

Which of these personnel has microscopy training?

Which will be willing to undergo microscopy training?

B. Sample Description/Preparation: Please state in which form the sample will be provided and if any preparation assistance will be needed: _____

State available resources for sample preparation: _____

Are you willing, and do you have the funding should additional methods, instruments and materials be needed to complete your imaging goals? _____

If so, how much is available: _____

6. Available Resources from Applicant(s)

C. Microscopy Maintenance and Repair: Do you agree to cover the charges for microscopy equipment damage caused by your experiments? _____

Please state the resources available for you to cover possible equipment damage: _____

Do you agree to provide a share of the funds toward the maintenance of the microscopes? _____

Please state the resources available for you to cover maintenance of the microscopes: _____

Please note that the Rudolf Virchow Zentrum is a collaboration facility. Projects performed with the microscopy are collaborations.

City, Date

Signature

Name (printed)